



PATIENT

Melody Soaz

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

15 years

WEIGHT

6.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Chun

INVOICE

45940

DATE

7/6/23

PRESENTING CLINICAL SIGNS

History: Patient presented to the hospital due to anorexia for two weeks and decreased water intake. Patient has been lethargic and owners have noticed weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.24 cm. The right kidney revealed a cortical infarct at the dorsal cortex. The right kidney measured 2.92 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.27 cm. The right adrenal gland measured 0.3 cm.

Spleen

The **spleen** was slightly enlarged with mild scalloping contour. The spleen measured 1.1 cm in width. Nodular splenic changes were also noted.

Liver

The **liver** was mildly swollen with increased portal markings and excessive gallbladder debris and mild over distension. The gallbladder revealed a minor amount of sludge accumulation.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

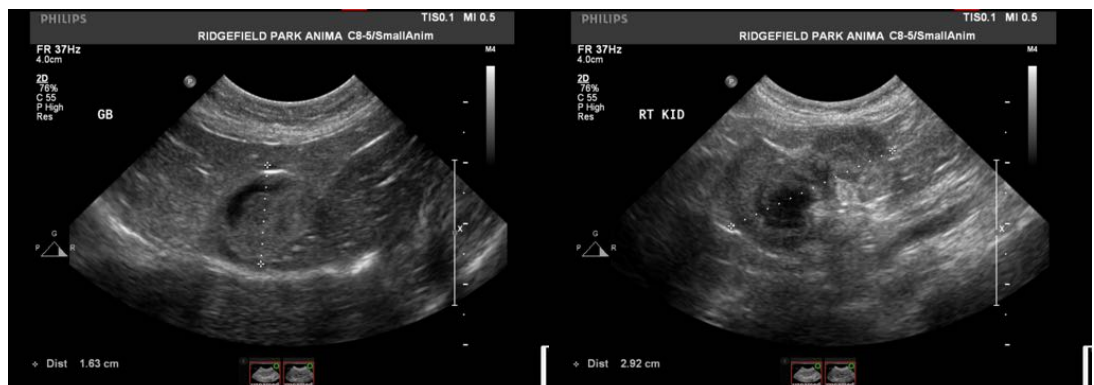
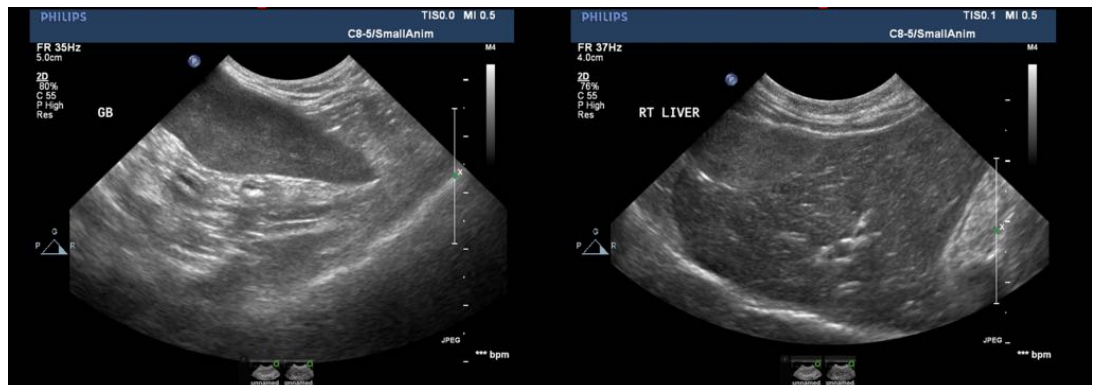
Splenic nodule, splenomegaly, hepatomegaly.

Chronic pancreatic changes.

Right renal infarct with slight mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen and liver is warranted. There is a strong concern for round cell neoplasia. The prognosis is guarded depending on cytology results. If the liver is free of evident pathology then direct splenectomy can be considered; however, I am concerned for early infiltrative disease in the liver as well as the spleen.





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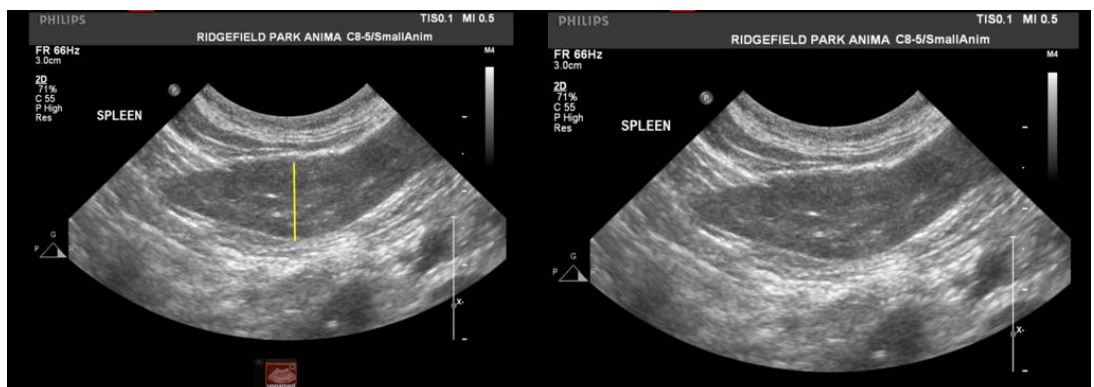
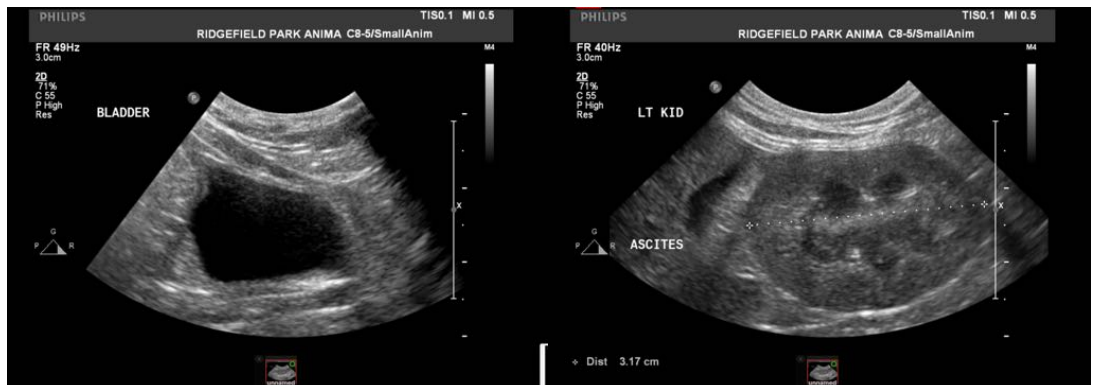
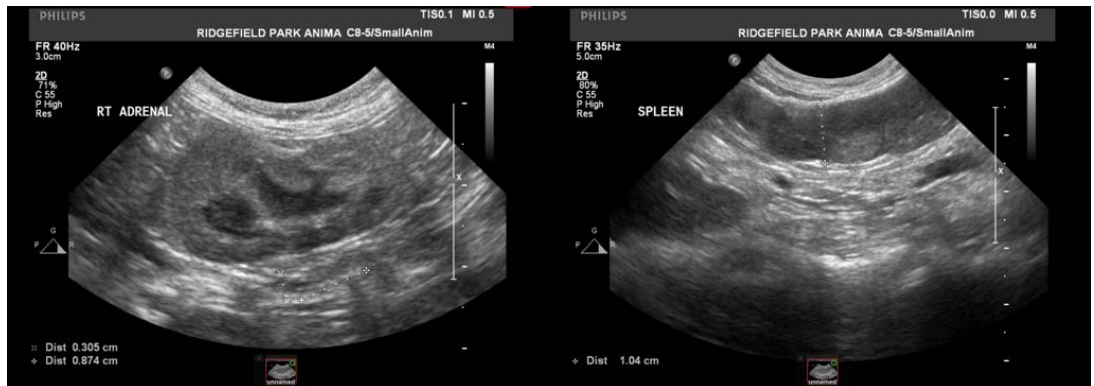
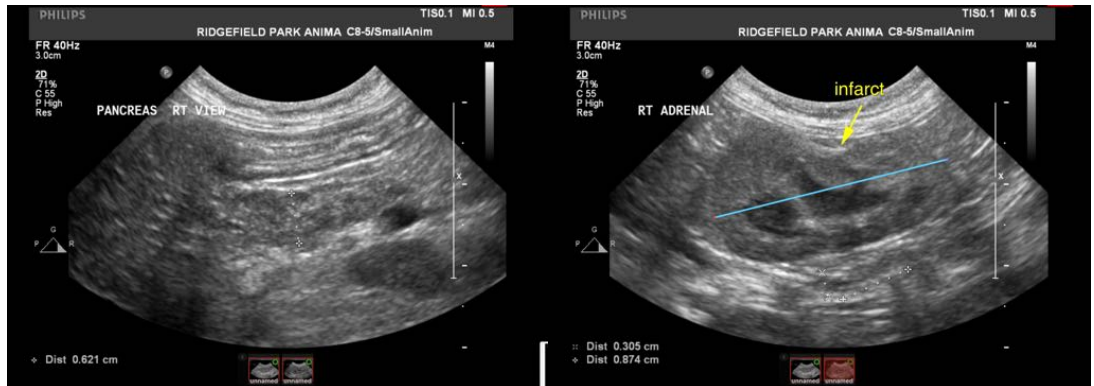
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com